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<small>0010/PTO Rev. 6/95</small> <div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing</div>	<div style="text-align: center;"><small>U.S. Department of Commerce Patent and Trademark Office</small></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">C 2864 PCT/US</td></tr><tr><td>First Named Inventor</td><td>BELL, Doris</td></tr><tr><td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	C 2864 PCT/US	First Named Inventor	BELL, Doris	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	C 2864 PCT/US														
First Named Inventor	BELL, Doris														
<i>COMPLETE IF KNOWN</i>															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF CIS-9, TRANS-11 ISOMER OF CONJUGATED LINOLEIC ACID (CLA) FOR TREATING INFLAMMATORY DISEASES

(Title of the invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 12/19/2003 as United States Application Number or PCT International Application Number PCT/EP2003/014592 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
103 32 712.6	Germany	07/18/2003	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box • ☐

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/014592	12/19/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

OR

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Doris	Middle Initial		Family Name	BELL	Suffix e.g. Jr.	
Inventor's Signature					Date		
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Post Office Address	Am Ellerforst 43						
Post Office Address							
City	40627 Duesseldorf	State		Zip		Country	Germany
				Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box • ☐

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Albrecht	Middle Initial		Family Name	WEISS	Suffix e.g. Jr.	
Inventor's Signature					Date		
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Post Office Address							
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						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Albert	Middle Initial		Family Name	STRUBE	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Neuss	State		Country	Germany	Citizenship	German
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Post Office Address							
City	41470 Neuss	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Bernd	Middle Initial		Family Name	FABRY	Suffix e.g. Jr.	
Inventor's Signature					Date		
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Post Office Address	Bruchstrasse 13						
Post Office Address							
City	41352 Korschenbroich	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Gerhard	Middle Initial		Family Name	JAHREIS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Jena	State		Country	Germany	Citizenship	German
Post Office Address	Hinter dem Dorfe 32						
Post Office Address							
City	07751 Jena	State		Zip		Country	Germany
						Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto						

Type a plus sign (+) inside this box ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	Anke			Middle Initial			Family Name	JAUDSZUS			Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City		Mechterstaedt			State			Country		Germany		Citizenship	German			
Post Office Address		Sand 9														
Post Office Address																
City	99880 Mechterstaedt			State			Zip			Country		Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature								Date								
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																